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I. TITLE OF REPORT (if a fill-in report include Form No.) 2. TYPE X STATISTICAL								
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3. FUNCTIONAL AREA	` 		SECURITY		OTHER (OTHER (specify)		
4. NO. OF COPIES PREPARED		MEDICAL FINANCE 5. FREQUENCY. (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not				
/ number of copies)								
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13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.								
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This rep	ort is u	used as a b	asic refer	ence and	research	tool. T	It is	
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Division with the principal using activities listed in 10 above.								
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